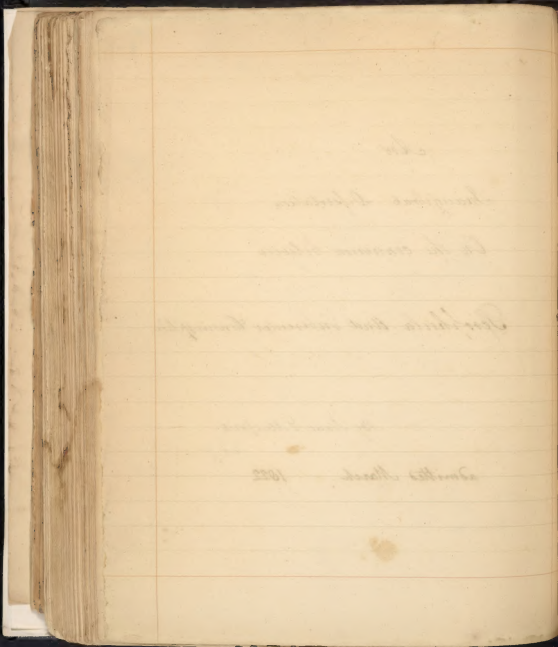


An  
Inaugural Dissertation  
On the connexion between  
Scrophulous and Tubercular Consumption

By Isaac T. Huford.

admitted March 1822



Tubercular Consumption, is a Disease, which notwithstanding the laborious investigations, of many distinguished Physicians, has ever stood prominent on the list, of the Opprobria Medicorum.

Considering that such efforts have failed, it is not without hesitation that I venture, again to call the attention of the Faculty to the subject.

Conceiving however, that there are some circumstances relative to the Disease, which have hitherto received little attention, but which my reflections have led me to think deserving, primary consideration, I have thought it incumbent on me to do so.

In advocating the sentiments which will be noticed, I can make however, no claims to originality. They were long ago suggested, yet by the majority of Medical Men, they have constantly been denounced as heretical. Whether this attempt to establish them correctly, shall be sanctioned by the concurrence of others, time alone can determine. Be this as it may, still I trust ~~it~~ from such a collision



of Sentiment, some Sparks of Truth will be elicited.

A cursory examination of the phenomena of Tubercular Consumption, led me to reflect on the resemblance between it, and some of the forms of that Disease which is denominated Scrophula. Getting out from this point, I have pursued the enquiry with all possible care, and it has resulted in my entire conviction that this Species of Phthisis is in reality a Granular affection, differing from its other forms, in those circumstances only, which are the necessary results of their location, in different parts of the Body.

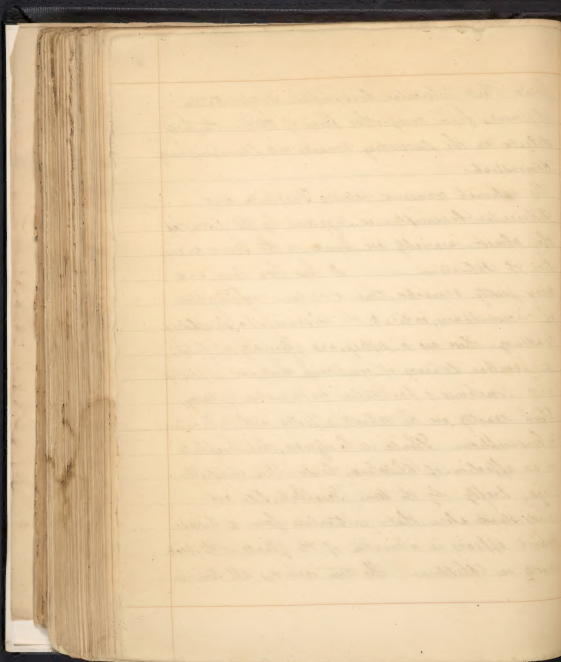
The consistency of our doctrine however, depends entirely on the care with which we distinguish Tubercular Consumption, from every other form of Pulmonary Disease. We have hitherto, included under one head a great variety of Pectoral affections, and ~~and~~ applied without discrimination, the remedies for their cure. The first step towards reformation, is to contemplate them in their minute and individual



forms. That Tubercular Consumption is essentially different from every other form of Phthisis, the facts detailed in the succeeding remarks will I trust sufficiently demonstrate.

The intimate connexion between Scrophula and Tubercular Consumption, is suggested by the fact, that they almost invariably are found, in the same description of Patients—

It has been long, and very justly remarked, that a certain combination of circumstances, indicate the existence of a Scrophulous tendency. These are a softness, and flaccidity, of fibre, a peculiar delicacy of complexion, thickened upper lip, and sometimes a particular conformation of body. Such exactly are the Patients affected with Tubercular Consumption. It should be observed, that Scrophula is an affection of Childhood, Consumption of Adult Age; I say by the term Scrophula, I do not understand alone, that particular form of Disease which appears in ulceration of the Glands of the Neck mostly in Children. The term includes, all similar





affections occurring at any period of life, or in any part of the Absorbent System. Viewed in this extended light, we shall more easily reconcile ourselves to the doctrine.

Scrophala, is preceded by, and it is presumed to -pendant on, a certain state of the system generally, which is denoted by the term Scrophulous Diathesis. This condition, consists in what it may, always I believe gives origin not only to the ordinary form of Scrophala but to Tubercular Consumption also. This we may fairly infer from the following circumstances - Scrophala, is as hereditary as any Disease can be that is, as far as any particular kind of constitution can be transmitted from parents to children. In some cases, where this hereditary predisposition exists strongly, it is excited to action in the form of Pulmonic Disease even in Infancy. It is unquestionable that many children thus die, with every mark of Tubercular Consumption. In some of these instances the Disease attacks not only the



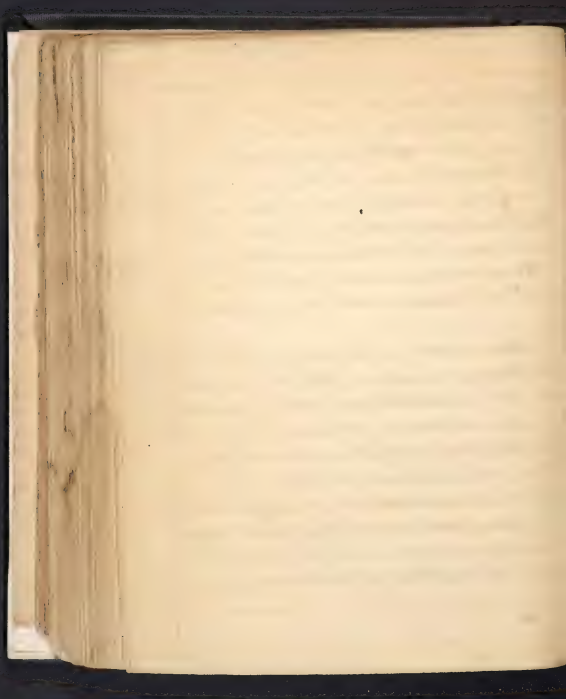
Lungs, but also many of the other viscera - these cases sufficiently prove, that Scrophulous is not an exclusive affection of the Surface of the Body.

It is these instances where the Disease does not appear so early, thus affording an incontrovertible proof of its Scrophulous origin, it will still be found in most cases, to occur in the Children of Scrophulous persons.

Let us now examine more closely the phenomena of the two Diseases, or rather forms of Disease.

Scrophulous appearing in its ordinary form, presents the following circumstances - When the predisposition above mentioned exists, there occurs at some period of life, generally in childhood, an enlargement of some of the Lymphatic Glands, mostly those in the Neck: these Glands become Inflamed, Indurated, and Ulcerate.

Tubercular Consumption, though it generally, but as we have already seen not invariably, appears at a different period of life originates on the same state of the system; this is followed by the appearance of Hemors;



in the Lungs these tumours, undergo the same morbid  
changes, as those we have just mentioned.

Since the natural incidence is, what as the constitutional  
incidence is the same, the local symptoms  
are also identical in their nature. That this is the  
case, I shall now attempt to prove.

These tumours in the Lungs, which have received the  
name of Tubercles, are, I suppose, small and vascu-  
lar and have the appearance & increase of glands,  
that they not only have the appearance, but are in  
reality, enlarged glands the succedaneæ feet of the

They are almost always found to exist at the  
same time that enlargements of the Glands in the  
other parts of the Body occur. In the usual form  
of Scrophulous, where those on the neck are affected,  
Tubercles in the Lungs, mostly exist. This fact, the  
numerous dissections which have been made, have  
sufficiently confirmed. A remarkable exemplification  
of this circumstance, is mentioned by Abernethy



1  
F Robert, was admitted into St Bartholomew Hospital  
with several good indurated sores about the bend of  
the Elbow, and some which extended below it on  
the Armilla. The Villous Glands were also diseased,  
and the whole Arm swollen, and hard. He laboured also  
and on examining the Urine, a great number of  
Tubercles were found in it. The Urine also contained  
a great number of Tubercles, which seem to be the  
effect of the same kind of Disease in the Lungs.

Cases similar to this however, may constantly be met  
with. In some instances indeed, the mischief may  
be traced directly, the same chain of diseased Glands  
extending from the Surface, to the internal parts of  
the Body.

Disease of the Mesenteric Glands, is  
a very general attendant on Tubercular Consumption.  
In the formation and progress of this disease, they are  
exceedingly similar to other Granular affections.

They have for their exciting cause, Scrophulous  
Weather, and Food as is common in Scrophulous  
affections and are accelerated in their progress by Spices





and retarded in Summer. A person gets a cold  
cough in the Winter or Spring, which goes off as the  
Summer advances. This was regarded as a Catarrh, but  
Tubercles were forming.

Tubercles, in their incipient stage, have the same  
characteristic hardening. In both the progress of Inflam-  
mation is slow; and they are long in Suppurating.  
When matter is formed, in neither is it alaudable.  
Pus - This circumstance, viz, the slowness of the  
discharge, has been considered as a distinguishing character-  
istic of Pseudomembranous Abscess - From this alone, I suspect  
Abscess have been supposed of Venereal origin.  
In the gradual development of Abscess in the  
internal and external parts of the Body, there is a  
remarkable coincidence -

Very often in the progress of the disease on the neck  
one Gland only, swells at first - later on the Inflammatory  
process, Suppurates, Ulcerates, and Heals, before any  
process takes place in any of the others. Such is exactly  
the case in the 'Glands' of the Testes only, shall



Inflame, Suppurate, Ulcerate, and apparently heal perfectly. Here all the alarming symptoms subside, and we are flattered with a speedy and effectual cure.

Soon however others follow the same course, and destroy at once all the pleasing illusions of Hope.

They are analogous in their difficulty of Cure - Who is not acquainted with the immense difficulty of healing Scrophulous Ulcers on the Surface of the Body. This may be owing, partly to the Nature of the part affected and partly to that arrangement of the constitution which constitutes the predisposing cause.

It is the same inherent difficulty, aggravated by the peculiar facilities of Absorption, as the universal Failure in curing Tubercular Consumption every that Hounds, and many Species of Birds, or the Lions, do heal readily, the Records of Surgery, and Medicine, sufficiently prove - To what then is the intractable nature of those cases connected with Tubercles, to be attributed - not to the circumstances I have mentioned.



At the time Scrophula detaches from the surface of the Body, it is often transferred to the internal parts.

Of this circumstance Physicians are becoming every day more sensible. In Great Britain especially, the alarming increase of Pulmonary Morbidity, has been attributed entirely to the increase of Scrophula in early life, owing to the employment of so large a number of Children in their ill-contrived Establishments, where their habits necessarily produce Scrophulous tendencies.

Having now stated my sentiments, in regard to the nature of the virus, I must say a few words on the opinions which have been entertained by others.

The belief I have advocated was strongly opposed by the illustrious Rush.

Speaking of Tubercles he thus expresses himself. I yield to the popular opinion when I speak of a Consumptive being cured by Hæmorrhies, but I maintain that they are the effects of general debility, communicated to the Bronchial Vessels, which cause them to secrete a pulmonary



quantity of Mucus. This Mucus is poured into the  
Trachea, from whence soon afterwards it is discharged by  
coughing, especially in the Morning; for it is discharged  
more copiously during the languid hours of Sleep, than  
in the day time. But this Mucus, is frequently secreted  
into the substance of the Lung, where it produces those  
tumors we call Tubercles.

That Tubercles are connected with debility no one will  
doubt; but that this alone, is their primary cause,  
I cannot for one moment believe. This account of the  
origin of Tubercles, is indeed, I conceive, contradicted by  
the whole of the phenomena, presented by these Tumors.

Doct Bush infers his belief, as he tells us, from the  
experiments of Dr Hales, who found Tubercles to consist  
of inorganic matter. The correctness of this doctrine  
is however very questionable. Are Tubercles at all  
capable of taking on any morbid process whatever  
If so, then the belief that they are simple accumulations  
of Mucus, is at once overturned, because mere  
inorganic substances, are not susceptible of any such





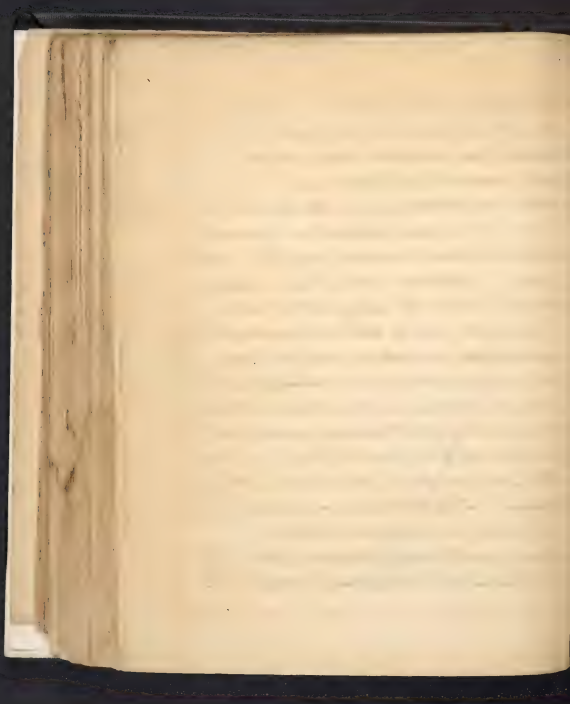
process. Cullen says, Tubercles though at first insistent become at length inflamed, and are thereby changed into little bronchi, or abscesses, which breaking, and pouring out their contents into the Bronchus, give a violent exhalation, and thereby the foundation of Phthisis.

In evidence of this authoring, the facts that they are found perfect nodules, containing more or less matter according as Pulverulentum, and Uteratum, are further advance has been so repeatedly demonstrated, that it is now no longer questioned, and the solitary facts in my opinion, completely disproves the hypothesis of Rush. Besides, were his notions correct, we should expect to find these tumors softer in their incipient stage, than after they had existed a considerable time. But the reverse is true, at first they are very firm, or in the language of Cullen indurated, and only grow softer as they enlarge.

That Tubercles are not at all connected with Consumption, Rush infers from the circumstance, that Consumption often occurs in Patients, who have never



been affected with *Tubercula*. That Ulcers often occur in the Lungs, which are not at all connected with *Tubercula*, I am not disposed to deny. But these cases are quite unconnected with *Tubercles*, and of course do not relate to our present subjects. But the notion that *Tubercles* are only casual attendants on Consumption, necessarily led Rush to confound every Species of *Phthisis* together. Influenced by this opinion, he says, that attempts to cure it, by enquiring after the existence of *Tubercles*, or the qualities of the exhalations from the Lungs are as fruitless as an attempt would be to discover the causes and cure of Dropsies, by an examination into the qualities of collections of water; or to find out the causes and cure of Fevers, by the quantity, or quality, of the exhalation - gas which takes place from the Kidneys and Skin - These sentiments however, do not accord with general experience. That the existence or non-existence of *Tubercles* in the Lungs, does constitute an important difference in the nature of Pulmonary Consumption is a belief in which almost every practitioner of the



present day will concur. While it is very certain that many Species of Ulcers if the things do heal readily it is equally certain that very few cases of real Tubercular Consumption, are ever cured.

I have thus endeavoured to state and defend my notions in regard to this form of *Phtisis Pulmonalis*.

Analogous however, as it may be in its nature to the other forms of *Scrophulous* it is necessarily widely different in its effects. Generally in the one case, death or the confines of the System its consequences are comparatively trifling; in the other attacking at once a vital part its ravages are frightfully fatal.

In regard to the practical precepts which are suggested by the views we have taken of the Disease, I shall say very little as the objects of this enquiry were not directly practical. Thinking it of the first importance to acquire correct notions of the nature of



the Disease I have here attempted to assist in establish-  
-ing facts leaving its to others to trace inferences  
therefrom.

The usual prophylactic of Gonorrhea will be  
proper where we find a tendency to the  
Pulmonary Disease. Both are originally diseases  
of debility, as is evidenced by great exhaustion  
from slight exercise, wasting of the flesh &c  
The obvious indication is to guard against  
the exciting causes by strengthening the system gen-  
-erally. This is done by constant but gentle exercise  
generous Diet &c. We shall however, in many  
instances find a depraved state of the Sensitive Organs  
This must be corrected before we can expect any  
salutary effects from Tonic remedies -

But we not only guard against the exciting causes  
by giving tone to the system but more effectually  
still shall we prevent the occurrence of the Disease  
by removing the Patients beyond the sphere of their





influence. As I before remarked, the Disease appears in the Winter, and is retarded or disappears in the Summer. It is evident, enough therefore, that if such persons could be removed to a Warm Climate before Winter comes on, they might escape the Disease at that time, and by continuing there a few years be perfectly recovered.

This is not only avoiding what is hurtful but is adopting the best method of Cure

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Concerning the best treatment to be pursued  
when the Disease is fully formed I shall  
say nothing. My opportunities to  
acquire practical information have been  
too limited to allow me to decide in  
favor of any particular mode of managing  
the Disease.

Others better qualified will I hope  
continue the enquiry and make known to us  
the result of their investigations.

